

# Employer Verification of Participant Employment

Property Disposition Program  
Good Neighbor Next Door Sales Program

# U.S. Department of Housing and Urban Development

Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0570  
(exp. 07/31/2017)

**Public reporting burden** for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is required in order to administer the Good Neighbor Next Door Sales Program (24 CFR Part 291, Subpart F) and to determine and document eligibility to participate in the program. If this information were not collected, HUD would not be able to administer the Good Neighbor Next Door Sales Program properly to avoid waste, mismanagement, and abuse. The information will be retained by the Department as part of the transaction record for a property disposition transaction. Failure to provide this information could affect your employee's participation in HUD's Good Neighbor Next Door Sales program.

**Warning:** Falsifying information on this or any other form of the

Department is a felony. It is punishable by a fine not to exceed \$250,000 and/or a prison sentence of not more than two years. Failure to adhere to the residency and resale requirements may result in administrative sanctions being taken against the Law Enforcement Officer, Teacher or Firefighter/Emergency Responder.

**Privacy Act Notice** – The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested on this form by virtue of Title 12, United States Code, Section 1701 et seq. The Housing and Community Development Act of 1987, U.S.C. 3543 authorized HUD to collect Employer ID and/or Social Security Numbers. These numbers are used to provide information to the IRS regarding payment of commissions or other fees. HUD may also disclose this information to Federal, State, and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. Failure to provide the Employer ID Number or Social Security Number could affect your participation in HUD's Property Disposition Program.

## To the employer:

The individual named below has represented to the U.S. Department of Housing and Urban Development that he/she is employed by your agency in one of the capacities identified below. The information must be verified by your agency as a prerequisite to participation in the Good Neighbor Next Door Sales Program. Please check the appropriate box provided below, sign/date where indicated and forward this form in the enclosed pre-addressed envelope. Participation in the Good Neighbor Next Door Sales Program by the named individual is dependent on receipt of this Verification from your agency.

## Agency's Certification of Employment

I hereby certify that

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Case #:** \_\_\_\_\_

Is employed by the below-named agency and is: (check the appropriate box)

- a Law Enforcement Officer who, for purposes of GNND Sales Program, is defined as an individual who is employed full-time by a Federal, State, county, or municipal government and is sworn to uphold, and make arrests for violations of, Federal, State, county, or municipal law; or
- a Teacher, who, for purposes of the GNND Sales Program, is defined as an individual employed full time by a state accredited public school or private school, as a classroom teacher in grades pre-K through 12 and that this agency serves students from the school district or, in the case of a private school, from the area serving the above listed address.
- a firefighter/emergency responder who, for the purposes of the GNND Sales Program, is defined as an individual who is employed full-time as a firefighter or emergency medical technician by a fire department or emergency medical services responder unit of a federal, state, or general local government, or an Indian tribal government serving the above listed address:

Print or type your name			
Print or type your title			
Agency Name			
Agency Address			
Telephone Number			
Your signature		Date	

Previous edition is obsolete

ref. Handbook 4310.5

form HUD-9549-E